

Local Building Department

APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 18-05-02 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant OWNER VSF WABASH INDIANA PROPERTY LLC (818) 509-1373 12125 BIVERSIDE DR. 5'TE #202. VALLEY VILLAGE, CA 91607 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant PRINCIPAL Telephone number Name of organization (765) 251-3099 Address (number and street, city, state, and ZIP 3101 SO. WASHINGTON ST., MARION, IN 46953 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION Name of project Address of site (number and street, city, state, and ZIP code)

950 No. CASS ST., WABASH, IN 46992 WABASH Type of project ☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy **X** Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) √ No. Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) No. Violation issued by:

Local Fire Department

☐ State Fire and Building Code Enforcement Section

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	Specific code section	
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)		
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8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or		
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true: THA WILL NOT BE CONCRETE Block CONST	ADVERSE BEARES	eel
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9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE		
Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.		
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. Facts demonstrating that the above selected statement is true:		
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10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information	contained in this application is accurate.	
Signature of applicant of person submitting application	Please print name	Date of signature (month, day, year)
· My Muly	PAUL MILFORD	13/12/2018
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)		
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant	Please print name	Date of signature (month, day, year)
MUULANT L	VUAdiMIR SHLIONSKY	02/15/2018

As a member of the Wabash Building Department for the City of Wabash Indiana, I have personally received a copy of the Application for Variance on March 12th, 2018:

For

Building Inspector John Stephens

Email buildingdept@cityofwabash.com

Wabash Fire Department Berry Stroup batroup@wabashfire.com

For/

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